Charles of the Control of the Contro	SECRETARY OF STATE
Candidate	
REPORT OF RECEIPTS AND DISBURSEMENTS	
2010 Non-Judicial Election	ECELVEN
Name of Candidate	
Address 1.0. Box 1389 Viayume, MS 39466	JAN 3 1 2011
Telephone 601 590 1845 Fax	Secretary TSIGNIVIP Capitol Office
Contact Name Sid Albaton Email	
Office Sought Sewate 40 Political Party Kegublican	
Check here if above is different from previous report	
TYPE OF REPORT	
May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010)	
June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010)	Runoff Candidates
October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010)	
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)	Runoff Candidates
January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010)	All Candidates and Political Committees
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation)  Requirements of the contribution of the campaign of the contribution of the campaign of the	red to terminate reporting tions
IMPORTANT	euch case the candidate
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In shall submit a report indicating "0" (Zero) for total amount of reported contributions and expend	ditures during this period.

September 1

- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with MIss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS Calendar This Period Itemized + Non-itemized = Year-To-Date Total amount of contributions \$ Total amount of disbursements \$ \$ Total amount of cash on hand I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. Signature of Candidate

Authority: Refer to Miss. Code Ann. §23/15-801 (1972) et. seq. for statutory requirements.

Penalties: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

e of Candidate or Committee	Sid Albritton Page 02 of	_05_
e of Candidate or Committee	Oid Alborton	

Reporting period Thu. 01, 10 through Pcc. 31, 10

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name MAE-PAC	01/08/10	\$ 500.00
Mailing Address 509 Hay 11 North Suite A	1011110	\$ 200.00
City, State, Zip Code 1		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$ 700.00
B. Source: Decorporation	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Grand Trunk Western Railroad Co.	07114110	\$ 250,00
Mailing Address 2800 Livernois Suite 300		\$
City, State, Zip Code Troy Michigan 48007-5085		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 250,00
C. Source: Corporation D PAC Individual D Loan  D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Medco	10 122-1 10	\$ 250.00
Mailing Address 100 Parsons Pond Drive		\$
City, State, Zip Code Franklin Likes NJ		\$
Name of Employer (Required)	_1_1_	\$
Occupation (Required)	Aggregate year-to-date	\$ 250,00
D. Source:  Corporation   PAC   Individual   Loan     Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full name Norfolk Southers Corporation	10128110	\$ 250.00
Mailing Address 113 answ Dak Core (#3 Commerced P)	]_'_'_	s
City, State, Zip Code Clinton MS 39056		\$
Name of Employer (Required) Joel Yelveton (Railrow) Assoc	]	\$
Occupation (Required) Government Relations	Aggregate year-to-date	\$ 250,00

Page	03	of	05
-			

Name of Candidate or Committee

## Reporting period The 01, 2010 through Dec 31, 2010 ITEMIZED RECEIPTS

A. Source: Corporation DPAC Dindividual DLoan	Date (Mo., Day, Year)	Amount of each receipt
Uname (please specify)	(moi, bay, roar)	this period
( Nevran	<u>07 129 100</u>	\$ 500,00
Mailing Address P.O. Box 1300		\$
City, State, Zip Code Pascapula MS		\$
Name of Employer (Required)	11	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
B. Source:  Corporation  PAC Individual Loan	Date	Amount of each
□ Other (please specify)	(Mo., Day, Year)	recelpt this period
Desbury Osshore LLC.	09/20/10	\$ 500.00
Malling Address 211 West Capital Street Jackan	i_/_/_	\$
City, State, Zlp Code	_'_'_	\$
Name of Employer (Required)		\$
Occupation (Required) Gout. Relations	Aggregate yearto-date	\$ 500,00
C. Source: Corporation   PAC   Individual   Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Advance America	08130110	\$ 500,00
Mailing Address 135 North Church St.		\$
City, State, Zip Code Spartanburg SC		\$
Name of Employer (Required) (avo) Stavort	_'_'_	\$
Occupation (Required) Govt. Affairs	Aggregate year-to-date	\$ 500.00
D. Source: © Corporation © PAC © Individual © Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Entertainment Software Association	09/27/10	\$ 500,00
Mailing Address 575 Ath St. NW Suite 300	_!_!_	\$
City, State, Zip Code Washington DC		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate	\$ 000
	year-to-date	\$ 500.00

Page	_04_	of	05

Name of Candidate or Committee Sid Albutton

Reporting period 3200 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: Corporation PAC Individual Coan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Leslie Albinton II	11 151 10	\$ /0,000.0
Mailing Address 66 George Walker Rol		\$ '
City, State, Zip Code		\$
Name of Employer (Regulred)		\$
Occupation (Required)	Aggregate year-to-date	\$ /0,000.00
B. Source: Corporation   PAC   Individual   Loan   Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Ass heuser - Busch, INC	11/02/11	\$ 500,00
Mailing Address (25 North State St. Suite 201		\$
City, State, Zip Code  Tackson MS		\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$ 500.00
C. Source: Corporation PAC Individual Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name At & TMS PAC	09127160	\$400,00
Mailing Address 125 East Capital St. Suit 102		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$400,00
D. Source: Corporation  PAC  Individual  Loan  Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name General Electric Company	10113110	\$ 500,00
Mailing Address R.O. Box 9549		\$
City, State, Zip Code Fort Myers, FL 33906		\$
Name of Employer (Required)		s
Occupation (Required)	Aggregate year-to-date	\$ 500.00

	11	Albritton	Page	05	of 05	
ame of Candidate or Committee	()id	Albriton				

## Reporting period Javi 61, 2010 through Pec. 31, 2010 ITEMIZED RECEIPTS

Other (please specify)	Source: 🛘 Corporation 🗀 PAC 🗀 Individual 🖼 Loan		Amount of each
Mailing Address    City, State, Zip Code	□ Other (please specify)	At the form of the party of the	recelpt
Mailing Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  Cocupation (Required)  City, State, Zip Code  Cocupation (Required)  Cocup	Sidney Albriton	12101110	\$ 9500,00
City, State, Zip Code    Coquire   S   Source:   Corporation   PAC   Individual   Loan   State, Zip Code   S   Source:   Sourc	174 Harry Burks Rd		
Name of Employer (Required)  Occupation (Required)  B. Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   Pac (Mo., Day, Year)   Society	y, State, Zip Code		\$
B. Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   This period   This peri			\$
B. Source:   Corporation   PAC   Individual   Loan   Date receipt this period	cupation (Required)		\$ 9500,00
Mailing Address    Description   Pac   Individual   Loan   Same of Employer (Required)    City, State, Zip Code   Corporation   PAC   Individual   Loan   Loan   Same of Employer (Required)   City, State, Zip Code   City, S	Λ	Date	
City, State, Zip Code    City, State, Zip Code		12/03/10	\$ 500.00
Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  C. Source:   Corporation   PAC   Individual   Loan     Other (please specify)	illing Address P.O.Box 959		\$
Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  C. Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   This period (Mo., Day, Year)    Full name  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  Amount of each receipt this period (Mo., Day, Year)    Soccupation (Required)  Aggregate year-to-date  Date Amount of each component of the co	11.4		\$
C. Source:   Corporation   PAC   Individual   Loan   Date (Mo., Day, Year)   Amount of each receipt this period    Full name		_/_/_	\$
C. Source: Corporation PAC Individual Loan  Other (please specify)  Full name  Mailing Address  City, State, Zip Code  Name of Employer (Required)  Occupation (Required)  Date (Mo., Day, Year)  Amount of each receipt this period  Full name  Amount of each receipt this period  Amount of each receipt this period  Full name  Amount of each receipt this period  Amount of each receipt this period  Amount of each receipt this period  Full name  Amount of each receipt this period  Amount of each receipt this period  Full name  Full name  Amount of each receipt this period  Full name  Amount of each receipt this period  Full name  Full name  Full name  Full name  Full name  Full nam	cupation (Required)		\$ 500.00
Full name		Date	
City, State, Zip Code	II name		
Name of Employer (Required)  Occupation (Required)  Aggregate year-to-date  D. Source:  Corporation  PAC   Individual   Loan   Date   Amount of each	iling Address		\$
Occupation (Required)  Aggregate year-to-date  D. Source:  Corporation  PAC   Individual   Loan   Date   Amount of each	y, State, Zip Code		\$
D. Source: Corporation PAC Individual Loan Pate Amount of each	me of Employer (Required)		\$
D. Source: Corporation PAC Individual Loan Date Amount of eac	cupation (Required)		\$
☐ Other (please specify) (Mo., Day, Year) receipt this period		Date	Amount of each receipt this period
Full name/ \$	II name		73
Mailing Address// \$	iling Address		\$
City, State, Zip Code	y, State, Zip Code	//_	\$
Name of Employer (Required)	me of Employer (Required)		\$
Occupation (Required)  Aggregate year-to-date	cupation (Required)	Aggregate	\$